

MME Testing Roster

(This document may be photocopied for Day 2 and Day 2–4.)

Page _____ of _____

Note: Your school may provide a readable list of students, by test room, in lieu of this roster. Test date, testing staff, and room number/name must appear on the list and the type of ID accepted must be marked on the list on test day.

Name of School _____

Where Students Tested _____

Check the test this roster applies to:

- ☐ WorkKeys and Michigan Mathematics
☐ Michigan Science and Social Studies

City/State _____

Room Name _____

Room Supervisor's Name _____

Room Number _____

ACT High School Code

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TYPE OF ID

P = Photo ID
L = ID Letter

R and initials = Recognized
– = Absent

STUDENT'S NAME (please print or type) List all students scheduled to test in this room.	TEST DATE	
	Mark attendance by noting type of ID	
	INITIAL	MAKEUP
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25.		

Test Supervisor: Return one completed form for each test room with your other reports. Retain a copy for your files.

MME Irregularity Report

Complete and return **ONLY** if irregularities have occurred.

Testing School Name _____ Room Name/Number _____ ACT High School Code _____

Testing School Name	Room Name/Number	ACT High School Code

City/State _____ Test Date _____

Circle the test this form applies to: WorkKeys and Michigan Mathematics Michigan Science and Social Studies

Note **all** irregularities (individual and group) on this form. Enter the appropriate information or an "X" in each column and provide additional explanation. ATTACH VOID ANSWER DOCUMENTS and defective test materials to this form. **Return this form with the used answer documents.**

PLEASE PRINT OR TYPE:

PLEASE PRINT OR TYPE:

Examinee's Name	Examinee's Social Security Number (optional)	Time/Test Irregularity Occurred	Test Booklet Form/Number	Type of Irregularity								Answer Document Marked Void?				
				Illness	Working Behind/Ahead	Unauthorized Calculator Use	Marking or Altering Ovals After Time	Item Challenged	Timing Questioned	Other (Specify Below)	Materials Damaged, Defective, Duplicated, Replaced (Specify Below)	Voided by Staff	Voided by Staff	No		
1.																
Explanation:																
2.																
Explanation:																
3.																
Explanation:																

GROUP IRREGULARITIES

# of Examinees in Room	Time Irregularity Occurred	Duration of Irregularity	Description of irregularity. (Attach separate sheet, if more space is required.) Be prepared to provide PEM with a list of examinees affected by this irregularity. Call PEM immediately if a mistiming occurs.

Room Supervisor's Signature _____ Test Supervisor's Signature _____

Room Supervisor's Signature _____ Test Supervisor's Signature _____

MME Seating Diagram

ACT High School Code Testing School Name

Test Date (mm/dd/yy) / / Room Supervisor Name

Number of Testing Staff in Room Room Name/Number

- ☐ Single-Level room ☐ Desks: WRITING SURFACE SIZE INCHES BY INCHES
OR
☐ Multiple-Level room ☐ Tables: SIZE FT BY FT Number of examinees per table

Distance between examinees: side-to-side (shoulder-to-shoulder) FT front-to-back (head-to-head) FT

During Test 1:
On the diagram, enter the serial number of test booklet distributed to each examinee. Count examinees in the room
Count the test booklets handed out in this room
Used #s: A B

Circle the test this form applies to: WorkKeys and Michigan Mathematics Michigan Science and Social Studies

↓ FRONT OF ROOM (the direction examinees are facing)—ALL examinees in the room must face the SAME direction ↓

Test Supervisor: Return this form with your roster.

MME Seating Diagram Instructions

1. During testing, all Room Supervisors must complete this form for their room even if only one examinee is in the room. Complete a separate form for Day 2 and Day 2, 3, or 4 test sessions. Complete all information. Please be accurate.
2. Hand test booklets individually to each examinee present in sequential, serial number order. Do not skip serial numbers and do not assign a test booklet to an empty seat. If your room has a broken sequence of booklet numbers, distribute all booklets of the first sequence (A) before distributing booklets from the second (B) sequence (see example).
3. On the Seating Diagram, show where examinees are seated in relation to each other in the room—one examinee (seat) per square. If using tables, draw a circle around examinees seated at the same table. Stand at the front of the room (facing the examinees) and draw the diagram from that perspective. For test security, all examinees in the room must face the same direction—if they are not, document this by drawing an arrow inside the square for each seat to indicate the direction each examinee is facing in the room. If this diagram does not reasonably fit your room, complete the top half of page 55, draw your own diagram on a separate sheet of paper and attach it to this form.
4. During Test 1:
 - Record the number of examinees in the room.
 - Record the quantity and serial numbers of Day 2 or Day 2–4 test booklets distributed to examinees.
 - Circle the test session this form applies to: WorkKeys and Michigan Math or Michigan Science and Social Studies.
 - On the Seating Diagram, indicate each occupied seat by writing the examinee's test booklet number in the square that corresponds to the examinee's seat in the room. The number of occupied squares on the Seating Diagram must equal the number of examinees in the room for Test 1.
 - Show unoccupied seats by drawing an X through them.
5. Examinees are to remain in their same seats for the entire session. If you must move someone to another seat after test booklets have been distributed, clearly indicate the original seat and the new seat on the diagram and explain the circumstances on the Irregularity Report.
6. Crosscheck the booklet numbers and examinee counts you entered on this form with the numbers entered on your Test Booklet Count Form.
7. Test Supervisor: Return this completed form with your rosters.

Example:

35000 00001	X	35000 00002	35000 00003
X	35000 00004	35000 00005	35000 00006
35000 00007	35000 00008	35000 00009	X
35000 00010	35000 00221	X	35000 00222

Test Booklets used:

Sequence A: 3500000001–3500000010

*Sequence B: 3500000221–3500000222

← In this example, examinees are seated at tables with two examinees per table (see #3 above).

MME Test Booklet Count Form

ACT High School Code Testing School Name

Test Date (mm/dd/yy) / / Room Supervisor Name

Number of Testing Staff in Room Room Name/Number

Received Before Testing—Complete A or B on test day morning when the Room Supervisor receives materials from the Test Supervisor. Record **all** test booklets received for this room. Include any booklets added to the room after the initial count. Both the Room Supervisor and Test Supervisor must sign/initial below when booklets are received.

A. Day 2 Test Booklets Received.

Total test booklets received for this room

Sequence A

First serial number

Last serial number

(Sequence B)

First serial number

Last serial number

B. Day 2–4 Test Booklets Received.

Total test booklets received for this room

Sequence A

First serial number

Last serial number

(Sequence B)

First serial number

Last serial number

I have counted and verified the test booklets received for this room:

Room Supervisor Signature Test Supervisor Initials

C. Examinee Count During Test 1

Number of examinees testing in this room

Number of occupied seats shown on the seating diagram

These two numbers must match

Returned After Testing—Complete D–G after testing. Do not allow any examinee to leave the room until all materials have been accounted for. Both the Test Supervisor and Room Supervisor must sign/initial below when materials are returned after testing concludes.

D. Day 2 Test Booklets Returned:

Complete after Michigan Mathematics.

USED test booklets

UNUSED test booklets

Total test booklets returned to Test Supervisor

E. Day 2–4 Test Booklets Returned:

Complete after the Social Studies Part 2.

USED test booklets

UNUSED test booklets

Total test booklets returned to Test Supervisor

The numbers of used and unused test booklets returned must equal the numbers received in A and B above.

F. Answer Documents Returned: Number of answer documents for examinees who tested

Make sure you have **one** answer document for every examinee in the room. This number must equal C above.

G. Make sure the appropriate bar code label has been applied to each answer document.

I have counted and verified the answer documents and test booklets returned after testing:

Test Supervisor Signature Room Supervisor Initials

Test Supervisor: Return this form with your roster.

MME Test Booklet Count Form Instructions

This form is to be completed by the Room Supervisor on test day, signed and initialed by both the Room Supervisor and Test Supervisor upon receipt and return of materials. Use a separate form for Day 2 and Day 2-4.

A and B. Test Booklets Received

1. BEFORE TESTING: Complete Sections A and B in the presence of the Test Supervisor, at the time you receive your room's test booklets from the Test Supervisor on test day.
2. Make sure your test booklets are in serial number order. If your room has a broken sequence of booklet numbers, record the first run of numbers as "Sequence A" and the second run of numbers as "Sequence B."
3. If there is a discrepancy in your materials, notify the Test Supervisor immediately and do not proceed further until the discrepancy is resolved.
4. Room Supervisor—sign to signify that you personally counted and verified your materials.
5. Test Supervisor—initial to acknowledge the materials were received and accounted for.
6. The Room Supervisor is now responsible for these materials until they are returned to the Test Supervisor after testing.

C. Examinee Count During Test 1

7. DURING TEST 1, count the examinees in the room.
8. Enter the number of occupied seats you documented on your Seating Diagram (page 55). This serves as a crosscheck for you to make sure the number of occupied seats on the Seating Diagram equals the number of examinees in the room.

D and E. Test Booklets Returned

9. After Michigan Mathematics on Day 2, collect and count the test booklets. After Social Studies - Part 2 on Day 2-4, collect and count the test booklets. Do not allow any examinee to leave the room until all materials have been accounted for.
10. Be certain the total of used and unused test booklets equals the number of booklets you started with. If a booklet is missing, check the booklet numbers on the answer documents to determine which examinee's booklet is missing. No one may leave the room until any discrepancy is resolved.

F. Answer Documents Returned

11. Be certain you have an answer document for every examinee—if necessary, check answer documents against your roster.
12. Verify that each answer document has the correct student barcode label in Box 8.
13. Return all answer documents that need a barcode label in a separate group to the Test Supervisor.

After Testing

14. Return all materials and forms to the test supervisor.
15. Test Supervisor—in the presence of the Room Supervisor, count and verify all materials returned to you after testing. Sign below Section G to signify that you personally counted and verified the returned materials. Keep answer documents that need a new barcode label separate for further processing.
16. Room Supervisor—initial below Section G to acknowledge all materials were returned and accounted for.
17. Return this completed form to PEM with the other test administration forms after testing.

MME Testing Time Verification Form — Day 2

Completed by Room Supervisor as tests are administered.

Testing School Name: _____

Test Date: _____

Room Supervisor: _____

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ACT High School Code

Room Name/Number: _____

Test 1



START

5 minutes remaining

STOP

Transfer from page 34

Test 2



START

5 minutes remaining

STOP

Transfer from page 36

Test 3



START

5 minutes remaining

STOP

Transfer from page 38

Test Supervisor: Return this form with your roster.

MME Testing Time Verification Form — Day 2–4

Completed by Room Supervisor as tests are administered.

Testing School Name: _____

Test Date: _____

Room Supervisor: _____

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ACT High School Code

Room Name/Number: _____

Test 1



START

5 minutes remaining

STOP

Transfer from page 43

Test 2



START

5 minutes remaining

STOP

Transfer from page 44

Test 3



START

5 minutes remaining

STOP

Transfer from page 47

Test Supervisor: Return this form with your roster.

MME Testing Staff List

(This document may be photocopied for Day 2 and Day 2–4.)

Circle the test this form applies to: WorkKeys and Michigan Mathematics Michigan Science and Social Studies

ACT High School Code

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Test Date (check one) ☐ INITIAL
☐ MAKEUP
☐ ACCOMMODATED

Testing School Name _____

City/State _____

Print the name, job title (e.g., teacher, counselor), position on the testing staff (RS–Room Supervisor, P–Proctor), and room name/number or other assignment for all personnel who assisted with the administration of the MME. Also list those individuals who assisted with or handled test booklets in any way.

Name	School Job Title	Testing Position	Room Name/Number or Roving Assignment
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Test Supervisor: Return this form with your roster.